PAGE'213 \* RCVD AT 5/11/2005 5:13:44 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-211 \* DNIS:7464000 \* CSID:908 518 2795 \* DURATION (mm-sa)) MAY 1 1 2005 PART B - FEE(S) TRANSMITTAL send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Paient, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate TEE ADDRESS" for maintenance fee notifications. CLIKARINT CORRESPONDENCE ADDRESS (New: Use Block I for any change of midress) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 02/11/2005 Certificate of Mailing or Transmission

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transmitted to the USPTO (703) 746-4000, on the date indicated below. Wendy W Koba Esq. P O Box 556 Springtown, PA 18081 05/12/2005 HDENESS2 00000015 09588587 Marjorie Scariati 1400.00 UP 01 FC:1501 Maya 5/11/05 21.00 OP 02 FC:8001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/588,587 06/06/2000 D2253 CIP B160 TITLE OF INVENTION: INGRESS DETECTION AND CHARACTERIZATION BY TIME/FREQUENCY MAP APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nooprovisional NO \$1400 20 \$1400 05/11/2005 EXAMINER ART UNIT CLASS-SUBCLASS SHELEHEDA, JAMES R Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Wendy W. Koba, Esq. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (baying as a member a registered eitonney or agent) and the names of up to 2 registered patent attempts or agents. If no name is listed, as name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) General Instrument Corporation Horsham, Pennsylvania Please check the appropriate assignce eategory or categories (will not be printed on the patent): 🗖 Individual 💆 Corporation or other private group entity 🗖 Government 4a. The following fee(s) are enclosed: 4b, Payment of Fee(s): State Fee A check in the amount of the fee(s) is enclosed. 2 Payment by credit card. Form PTO-2038 is attached, any deficiencies Publication Fee (No small entity discount permitted) Advance Order - # of Copies\_

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Tel.: (908) 518-7700 Fax: (908) 518-7795

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